

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90224 026 ***150.00

DOCUMENT # K39370

1. Entity Name
S & W NURSERY II, INC.

Principal Place of Business Mailing Address
C/O STEVEN WOLF ~~14450 SMITH SUNDY RD~~
288-Z SMITH SUNDAY ROAD ~~DELRAY BEACH FL 33446~~
DELRAY BEACH FL 33446

2. Principal Place of Business 3. Mailing Address
5801 N. Congress Avenue **5801 N. Congress Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Boca Raton, Florida **Boca Raton, FL** **65-0107863** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33487 **Palm Beach** **33487** **Palm Beach**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
MOMBACH, GEOFFREY S., ESQ. Name
MOMBACH, BOYLE & HARDIN, P.A. Street Address (P.O. Box Number is Not Acceptable)
500 EAST BROWARD BLVD., SUITE 1950
FT. LAUDERDALE FL 33394 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLF, STEVEN 288-Z SMITH SUNDY ROAD DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5801 N. Congress Avenue Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEISINGER, ALBERT 1575 OCEAN LANE #278 FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEGUM, E. WAYNE 10570 HAGEN RANCH RD BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIRARDI, ALFRED 75 JACKSON AVENUE OYSTER BAY NY 11771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1/24/02** **(561) 496-1280**
 Date Daytime Phone #

CR2E034 (9/01)